FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

EstImated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filling this application.

		Form 471 Application #:						
		909763						
Block 1: Bliled Entity Address and Identifications		(To be assigned by administrator)						
1 Name of Billed Entity								
MEO HEAD START								
2 Funding Year 2013								
3a Entity Number 16043126								
3b FCC Registration Number 0005696984	3b FCC Registration Number 0005696984							
4a Street Address, P.O. Box, or Route Number 99 MAHALANI STREET								
City WAILUKU State HI Zip Code 96793-								
4b Telephone Number (808) 249-2988								
4c Fax Number (808) 249-2989								
5a Type of Application (check only one)								
Individual School (individual public or non-public school)								
School District (LEA, public or non-public (e.g. diocesan) local district represent	• 10.							
Library (including library system, library outlet/branch or library consortiun (intermediate service agencies, states, state networks, special	The state of the s	rige)						
Statewide application for (enter 2-letter state code)	sonsonia di schodis and/di libra	100)						
representing (check all that apply) All public schools/districts in the state								
☐ All non-public schools in the state								
☐ All libraries in the state								
5b Recipient(s) of Services:								
Private Public Charter								
「Tribal ▼ Head Start 「Slate Agency								
Entity Number: 16043126	Applicant's Form Identifier:	0.40.0000						
Contact Person: Patrick O'Rourke Contact Phone Number: (808) 249-2988								
Biock 1: Billed Entity Address and identifications (continued) 6a Contact Person's Name								
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke								
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Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET	complete Item 6b.							
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381	complete Item 6b.							
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381 6d Fax Number (808) 249 - 2989	complete Item 6b.							
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Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381 6d Fax Number (808) 249 - 2989 6e E-Mail Address patrick.o'rourke@meoinc.org Re-enter E-mail Address patrick.o'rourke@meoinc.org 6f Holiday/vacation/summer contact information: please include name of alternate con Debbi Amaral 808-249-2988	complete Item 6b. n. One box MUST be checked a tact (if applicable) and alternate	nd an entry provided.						
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381 6d Fax Number (808) 249 - 2988 66 E-Mail Address patrick.o'rourke@meoinc.org Re-enter E-mail Address patrick.o'rourke@meoinc.org 6f Holiday/vacation/summer contact information: please include name of alternate con Debbi Amaral 808-249-2988 If a consultant is assisting you with your application process, please complete Item	complete Item 6b. n. One box MUST be checked a tact (if applicable) and alternate	nd an entry provided.						
Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381 6d Fax Number (808) 249 - 2989 6e E-Mail Address patrick.o'rourke@meoinc.org Re-enter E-mail Address patrick.o'rourke@meoinc.org 6f Holiday/vacation/summer contact information: please include name of alternate con Debbi Amaral 808-249-2988	complete Item 6b. n. One box MUST be checked a tact (if applicable) and alternate	nd an entry provided.						
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Block 1: Billed Entity Address and Identifications (continued) 6a Contact Person's Name Patrick O'Rourke If the Contact Person's Street Address is the same as Item 4 above, check here. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 99 MAHALANI STREET City WAILUKU State HI Zip Code 96793- Check the box next to your preferred mode of contact and provide your contact information 6c Telephone Number (808) 249 - 2988 Ext. 381 6d Fax Number (808) 249 - 2989 6e E-Mail Address patrick.o'rourke@meoinc.org Re-enter E-mail Address patrick.o'rourke@meoinc.org 6f Holiday/vacation/summer contact information: please include name of alternate con Debbi Amaral 808-249-2988 If a consultant Is assisting you with your application process, please complete Item 6g Consultant Name Name of Consultant's Employer Consultant's Street Address City State Zip Code Consultant's Fax Number Ext. Consultant's Fax Number	complete Item 6b. n. One box MUST be checked a tact (if applicable) and alternate	nd an entry provided.						
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Entity Number: 16043126				Applicant's Form Identifier:		·					
Contact Person: Patrick O'Rourke				Contact Phone Number: (808) 249-2988							
Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts. Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.											
Block 2: Impact of Services Ordered for Schools and Libraries from			n this Form 471								
_				Schools		Libraries					
		or patrons to be served	273		0						
b	phone service	Number of classrooms or rooms with	14		0						
c	Direct connections to	the Internet: Number of drops	9		0						
d	Number of classroon	ns or rooms with Internet access	12		0						
e Number of computers or other devices with Internet access			28		0						
f	Number of dial-up int to 200 kbps:	ernet access and other connections of up	0		o						
	High-speed Internet	At or greater than 200 kbps and less than 1.5 mbps	ľ		0						
	access services: Number of buildings	At or greater than 1.5 mbps and less than 3 mbps	12		0						
	served at the following speeds g (please use	At or greater than 3 mbps and less than 10 mbps	0		0						
	download speed	At or greater than 10 mbps and less than 25 mbps	ľ		0						
	building, not actual speed in classroom	At or greater than 25 mbps and less than 50 mbps	o		0						
	or work area):	At or greater than 50 mbps and less than 100 mbps	0		0						
		Greater than 100 mbps	0		0						
lock	3:										
8	[Reserved]	- 100			-						

Entity Number: 16043126 Applicant's Form Identifier: Contact Phone Number: (808) 249-2988 Contact Person: Patrick O'Rourke Block 4: Discount Calculation Worksheet Worksheet - 155965 Page 1 of 2 The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you lile more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5. Check here if this worksheet contains all eligible entities in the school district or library system. 9a List entities and calculate discount(s): (For Administrator's Use) School District or Library System Name School District or Library System Entity Number: 10 11 12 13 14 15 3 4 5 6 9 Insert appropriate
codes(s): Parpre-K
H = Head Start, A;
Adult Education, J
Juvenite Justicem 6
= ESA, D =
Dormalory Entity Number AND CES Gode (for Schoo or FSCS Code (for Libraries) Disc. hom Disc. Entity Number of Scho District in which Librar Dutlet/Branch is Locate Name of Eligible Entity SCHOOLS AND LIBRARIES Schools Library Outlet Branch ALL ENTITIES shared services KAHULUI A HEAD START R 16043258 19 100.000% 90 Ν Ν N 1710 KAHULUI B HEAD START R 20 N N 1800 Н 16043260 20 100.0009 90 N LIHIKALPRE-PLUS HEA START 16043262 R 20 20 100.000% 90 N N N 1800 Н KIHEI A HEAD START 16043273 R 20 20 100.000% 90 N Ν Ν 1800 Н 16043274 B N Ν Н KIHELB HEAD START 20 20 100 000% 90 N 1800 MCC HEAD START 16043276 R 20 20 100.000% 90 N N N 1800 Н HALKU HEAD START 16043255 R 20 20 90 N Ν N 1800 Н 100.000% MAKAWAO A 16043283 R 20 20 100.000% 90 N N N 1800 Н MAKAWAO B 16043284 R 20 20 100.000% 90 N N Ν 1800 Н N R 90 N Н WAILUKU A 20 20 100.000% N 1800 16043285 KAHEKILI TERRACE 16043287 R 15 15 100.000% 90 N N N 1350 H R N Ν Н KAUNAKAKAI A 20 20 100.000% 90 N 1800 16043288 KAUNAKAKAI B 16043289 R 20 20 100.000% 90 N N N 1800 Н LAHAINA HEAD START 16043279 R 19 19 100.000% 90 N N N 1710 Н 9b Shared Services SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the lotals of Columns 4 and 11. Divide the total of 24570 273 90% Column 11 by the total of Column 4. Enter the result in Column 15 LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column CONSORTIA: Calculate the total of Column Divide this total by the number of member entities. Enter the result in Column 15.

KAHULUIBHLAD Start

LIHIKAUPRE PLUS HEAD START

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MAKAWAO A

MAKAWAO B

WAILUKU A

HALKU HEAD START

KAHEKILI TERRACE

LAHAINA HEAD START

KAUNAKAKAI A

KAUNAKAKAI B

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Entity Number:	Intity Number: Applicant's Form Identifier:													
Contact Person:			71100			С	ontac	t Phon	e Num	ber:				
Block 4: Discount C	alculation Worksh	eet										Wo	rksheet - Page 2	
The Block 4 workshe than one worksheet, Application you indice Check her Sa List entities and co	please number the cated in Block 1, Item re if this worksheet calculate discount(s):	complet 5. ontains	ed workshe	ets to assu	re that they are	e all pro	cesse	ed corre		ease reler to th	ne instructions f	or information spec	lic to the	Type ol tor's Use
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Shidents	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5/ Col. 4)	Disc from Disc Matrix	New Cons tructi on	Admin Entity or NIF	All Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Adult Education, J =	Entity Number of School District in which Library Outlet/Branch is Located	Member	Stuned Discount
ALL EN	ALL ENTITIES SCHOOLS AND LIBRAR				RARIES				Schools with shared services	Schools	Library Outlet/Branch	Consortia		
KAHULUI A HEAD						_	_					20.00		

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9b Shared Services		 				
SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.				24570		90%
LIBRARY SYSTEMS: Calculate the lotal of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.						
CONSORTIA Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.						

Entity Number: 16043126			Applicant's Form Identifier:				
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts. Make as many copies of this page as needed, and number the are all processed correctly.	the completed pages to a	assure tha	at they FRN 2550806 (to be assigned by administrator)				
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space		er appeal,					
11 Category of Service (only ONE category should be checked)		23	Calculations				
PRIORITY 1 PRIORITY 2 Tolecommunications Service Internal Connections Other than			A. Monthly charges (total amount per month for service) \$44.54				
Internet Access I Basic Maintenance of Internal Co	onnections		B. How much of the amount in A is ineligible?				
12 Form 470 Application Number	-		\$0.00				
149560001132743 13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)				
143002709		Charges	\$44.54				
14 Service Provider Name			D. Number of months service provided in funding year				
4			12				
· Hawaiian Telcom, Inc.			E. Annual pre-discount amount for eligible recurring charges (C x D)				
15a Check this box if this Funding Request is for non-contract	led tariffed or month-		\$534.48 F. Annual non-recurring charges				
to-month services. 15b Contract Number			\$0.00				
MTM			G. How much of the amount in F is ineligible?				
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service property of the Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that	are then made provider). of an FRN from a	Non- Recurring Charges	\$0.00 H. Annual eligible pre-discount amount for non-recurring charges (F				
16a Billing Account Number (e.g., billed telephone number)	at Phiv note.		minus G)				
808-553-5472			\$0.00				
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a		I. Total funding year pre-discount amount (E + H)				
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		,	\$534.48				
(based on Form 470 filing)		Total Charges	J. Discount from Block 4 Worksheet 90.00				
04/02/2013			K. Funding Commitment Request (I x J) \$481.03				
18 Contract Award Date (mm/dd/yyyy)			3401.03				
19 Service Start Date (mm/dd/yyyy) 07/01/2013							
20a Service End Date (mm/dd/yyyy) 06/30/2014							
Contract Expiration Date 20b (mm/dd/yyyy)							
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdowr must include any additional account or telephone numbers if the bille Number, and note number in space provided.	n of components, costs,	manufactu	urer name, make and model number. You				
22 Entity/Entitles Receiving This Service:	a. If the service is site- and not shared by othe the entity from Block 4	ers), list th	ne Entity Number of				
b. If the service is s		hared by all entities on a Block 4 vorksheet number (e.g., 1):					

Entity Number: 16043126 Ap		Applicant's Form Identifier:					
Contact Person: Patrick O'Rourke	Co	Contact Phone Number: (808) 249-2988					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requediscounts, Make as many copies of this page as needed, and number the are all processed correctly.	ne completed pages to	assure tha	t they	Block 5, page 2 of 22 FRN 2550807 (to be assigned by administrator)			
10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, ur etc.), check this box and enter the original FRN in the space provided.			der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calcula				
PRIORITY 1 PRIORITY 2 Priority 2 Internal Connections Other than Internal Access Pasic Maintenance of Internal Co				thly charges (total amount per month for service) \$44.54			
	onnections	ii .	B. How	much of the amount in A is ineligible?			
12 Form 470 Application Number			Ι,	\$0.00			
149560001132743		Recumng		ble monthly pre-discount amount (A minus B)			
13 SPIN – Service Provider Identification Number		Charges		\$44.54			
143002709			D. Num	ber of months service provided in funding year			
14 Service Provider Name				12			
				ual pre-discount amount for eligible recurring charges (C x D)			
Hawaiian Telcom, Inc.				\$534.48			
15a Check this box if this Funding Request is for non-contracte to-month services.	ed tariffed or month-			ual non-recurring charges			
15b Contract Number				\$0.00			
мтм			G. How	much of the amount in F is ineligible?			
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service precised in the continuation of the con	are then made rovider). f an FRN from a	Non- Recurring Charges		\$0.00 ual eligible pre-discount amount for non-recurring charges (F			
previous funding year based on a multi-year contract. If so, provide tha 16a Billing Account Number (e.g., billed telephone number)	T PRN nere;		minus G				
808-553-3727				50.00			
16b Check this box if there are multiple Billing Account Number	rs and attach a	 		funding year pre-discount amount (E + H)			
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)				\$534.48			
(based on Form 470 filing)		Total		ount from Block 4 Worksheet 90.00			
04/02/2013		Charges					
18 Contract Award Date (mm/dd/yyyy)				ding Commitment Request (I x J) 5481.03			
19 Service Start Date (mm/dd/yyyy) 07/01/2013							
20a Service End Date (mm/dd/yyyy) 06/30/2014							
Contract Expiration Date 20b (mm/dd/yyyy)							
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	, manufactu	irer name	e, make and model number. You			
22 Entity/Entitles Receiving This Service:	a. If the service is site and not shared by ot the entity from Block	hers), list th	e Entity N	lumber of			
LE Lindy Endado Hoodring Timo Oct 1100.		shared by all entities on a Block 4					



Entity Number: 16043126	Ap	Applicant's Form identifier:					
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988					
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requestiscounts. Make as many copies of this page as needed, and number the are all processed correctly.	e completed pages to	s to assure that they FRN 2550811 (to be assigned by administrator)					
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	not yet approved, und provided:	der appeal,					
11 Category of Service (only ONE category should be checked)		23	Calculations				
PRIORITY 1 PRIORITY 2 Priority 1 Internal Connections Other than			A. Monthly charges (total amount per month for service) \$42.54				
Internet Access Basic Maintenance of Internal Co	onnections		B. How much ol the amount in A is ineligible?				
12 Form 470 Application Number 149560001132743		Recurring	\$0,00 C. Eligible monthly pre-discount amount (A minus B)				
13 SPIN – Service Provider Identification Number		Charges					
143002709			D. Number of months service provided in funding year				
14 Service Provider Name			12				
Hawaiian Telcom, Inc.			E. Annual pre-discount amount for eligible recurring charges (C x D) \$510.48				
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		F. Annual non-recurring charges				
to-month services.			\$0.00				
мтм			G. How much of the amount in F is ineligible?				
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which a available to an eligible entity that purchases directly from the service pr	are then made ovider). an FRN from a	Non- Recurring Charges	H. Annual eligible pre-discount amount for non-recurring charges (F				
16a Billing Account Number (e.g., billed telephone number)			minus G)				
808-873-7459 16b Check this box if there are multiple Billing Account Number	s and attach a		\$0.00				
complete list of those numbers to this page.			Total funding year pre-discount amount (E + H)				
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	3	Total	\$510.48 J. Discount from Block 4 Worksheet 90.00				
04/02/2013		Charges	K. Funding Commitment Request (I x J)				
18 Contract Award Date (mm/dd/yyyy)			\$459.43				
19 Service Start Date (mm/dd/yyyy) 07/01/2013							
20a Service End Date (mm/dd/yyyy) 06/30/2014							
Contract Expiration Date 20b (mm/dd/yyyy)							
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	, manufactu	turer name, make and model number. You				
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity/Entities Receiving This Service: 16043258			he Entity Number of				
b. If the service is shar			ared by all entities on a Block 4				



Entity Number: 16043126 Ap			Applicant's Form identifier:				
			ontact Phone Number: (808) 249-2988				
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts. Make as many copies of this page as needed, and number the are all processed correctly. 10	he completed pages to s not yet approved, und	assure that	esting they FRN 2550812 (to be assigned by administrator)				
etc.), check this box and enter the original FRN in the space	provided:						
11 Category of Service (only ONE category should be checked)		23	Calculations A. Monthly charges (total amount per month for service)				
PRIORITY 1 PRIORITY 2 Internal Connections Other than			\$39.06				
Internet Access Basic Maintenance of Internal C	onnections		B. How much of the amount in A is ineligible?				
12 Form 470 Application Number			\$0.00				
149560001132743		Recurring	C. Eligible monthly pre-discount amount (A minus B)				
13 SPIN – Service Provider Identification Number	_ 1	Charges	\$39.06				
143002709			D. Number of months service provided in funding year				
14 Service Provider Name			12				
			E. Annual pre-discount amount for eligible recurring charges (C x D)				
Hawaiian Telcom, Inc.			\$468.72				
15a	ed tariffed or month-		F. Annual non-recurring charges				
15b Contract Number			\$0.00				
MTM			G. How much of the amount in F is ineligible?				
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service pu	are then made rovider).	Non- Recurring Charges	\$0.00				
previous funding year based on a multi-year contract. If so, provide that 16a Billing Account Number (e.g., billed telephone number)	at FRN here:		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)				
808-242-1057 16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a		\$0.00 I. Total funding year pre-discount amount (E + H)				
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$468.72				
(based on Form 470 filing)		Total Charges	J. Discount from Block 4 Worksheet 90.00				
04/02/2013			K. Funding Commitment Request (I x J)				
18 Contract Award Date (mm/dd/yyyy)			\$421.85				
19 Service Start Date (mm/dd/yyyy) 07/01/2013							
20a Service End Date (mm/dd/yyyy) 06/30/2014							
Contract Expiration Date 20b (mm/dd/yyyy)							
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the bille Number, and note number in space provided.	of components, costs.	manufactu	rer name, make and model number. You				
22 Entity/Entities Receiving This Service:	a. If the service is site- and not shared by oth the entity from Block 4	ers), list the	Entity Number of				
b. If the service is s			worksheet number (e.g. 1):				

Entity Number: 16043126			Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke	Cor	ntact Phon	e Numbe	er: (808) 249-2988		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requediscounts. Make as many copies of this page as needed, and number there all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	ne completed pages to s not yet approved, und	assure that		Block 5, page 5 of 22 FRN 2550813 (to be assigned by administrator)		
11 Category of Service (only ONE category should be checked)		23	Calcula	tions		
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Basic Maintenance of Internal Co			A. Mon	thly charges (total amount per month for service) \$39.06		
12 Form 470 Application Number	olinections		B. How	much of the amount in A is ineligible?		
10022 34 2445304 405-31 31 • • • • • • • • • • • • • • • • •				\$0.00		
149560001132743 13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligil	ble monthly pre-discount amount (A minus B)		
	M.S	Charges		\$39.06		
143002709 14 Service Provider Name			D. Num	ber of months service provided in funding year		
				12		
			E. Annu	ual pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.				\$468.72		
15a	ed tariffed or month-		F. Annu	ual non-recurring charges		
15b Contract Number			,	\$0.00		
мтм			G. How	much of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a		Non- Recurring Charges		\$0.00		
previous funding year based on a multi-year contract. If so, provide that 16a Blillng Account Number (e.g., billed telephone number)	t FHN here:		minus G	ual eligible pre-discount amount for non-recurring charges (F)		
808-873-7459 16b Check this box if there are multiple Billing Account Number	rs and attach a	\vdash		\$0.00		
complete list of those numbers to this page.			I. Total	funding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total		\$468.72		
		Charges	NATION AND DE	ount from Block 4 Worksheet 90.00		
04/02/2013 18 Contract Award Date (mm/dd/yyyy)				ding Commitment Request (I x J) \$421.85		
18 Contract Award Date (mm/dd/yyyy)			,			
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs,	, manufactu	rer name	e, make and model number. You		
22 Entity/Entitles Receiving This Service:	a. If the service is site and not shared by oth the entity from Block	ners), list the 4 receiving	e Entity N this servi	lumber of ce: 16043258		
b. If the service is st		shared by all entities on a Block 4 worksheet number (e.g., 1):				

Entity Number: 16043126	Ар	Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke	Co	Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts. Make as many copies of this page as needed, and number the are all processed correctly.				Block 5, page 6 of 22 FRN 2550814 (to be assigned by administrator)	
If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, u etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked)	provided.	23	Calculati	lons	
PRIORITY 1 PRIORITY 2			A. Month	nly charges (total amount per month for service)	
▼ Telecommunications Service Internal Connections Other than	Basic Maintenance			00.00	
Internet Access Basic Maintenance of Internal Co	onnections			29.88 much of the amount in A is ineligible?	
12 Form 470 Application Number			A-100-400 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0.00	
149560001132743		Recurring		le monthly pre-discount amount (A minus B)	
13 SPIN – Service Provider identification Number		Charges	S	29.88	
143033322				per of months service provided in funding year	
14 Service Provider Name			1:	2	
				al pre-discount amount for eligible recurring charges (C x D)	
Clearwire Communications, LLC			s	358.56	
15a F Check this box if this Funding Request is for non-contracte to-month services.	ed tariffed or month-		*	al non-recumng charges	
15b Contract Number			\$6	0.00	
мтм			G. How	much of the amount in F is ineligible?	
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service pr	are then made rovider).	Non- Recurring Charges	\$0	0.00	
previous funding year based on a multi-year contract. If so, provide tha				al eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., billed telephone number)			minus G)		
1359042			so	0.00	
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a		i. Total fu	unding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			S:	358.56	
(based on Form 470 filing)		Total Charges	J. Discou	unt from Block 4 Worksheet 90.00	
04/02/2013		J		ng Commitment Request (i x J)	
18 Contract Award Date (mm/dd/yyyy)	3		\$3	322.70	
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs.	, manufactu	urer name,	make and model number. You	
a. If the service is si and not shared by o		site-specific (provided to one site others), list the Entity Number of ck 4 receiving this service: 16043287			
22 Entity/Entities Receiving This Service: The entity from Block b. If the service is six worksheat list the worksheat list th		ared by all e	entities on	a Block 4	



Entity Number: 16043126 Ap			Applicant's Form identifier:			
Contact Person: Patrick O'Rourke	Co	Contact Phone Number: (808) 249-2988				
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requediscounts. Make as many copies of this page as needed, and number the are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	ne completed pages to s not yet approved, un	assure tha	at they FRN 2550826 (to be assigned by administrator)			
11 Category of Service (only ONE category should be checked)	provided.	23	Calculations			
			A. Monthly charges (total amount per month for service)			
PRIORITY 1 PRIORITY 2 Tolecommunications Service Internal Connections Other than			\$42.54			
Internet Access Basic Maintenance of Internal Co	onnections		B. How much of the amount in A is ineligible?			
12 Form 470 Application Number			\$0.00			
149560001132743 13 SPIN – Service Provider identification Number		Recurring				
TO SEE TO SEE THE SEE TO SEE THE SEE T		Charges	\$42.54			
143002709			D. Number of months service provided in lunding year			
14 Service Provider Name			12			
			E. Annual pre-discount amount for eligible recurring charges (C x D)			
Hawaiian Telcom, Inc.			\$510.48			
15a Check this box if this Funding Request is for non-contractate-month services.	ed tariffed or month-		F. Annual non-recurring charges			
15b Contract Number			\$0.00			
MTM			G. How much of the amount in F is ineligible?			
15c Check this box if this Funding Request is covered under a contract negotiated by a third party, the terms and conditions of which available to an eligible entity that purchases directly from the service pr	are then made rovider).	Non- Recurring Charges				
previous funding year based on a multi-year contract. If so, provide tha	t AN HIN from a t FRN here:		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)			
16a Billing Account Number (e.g., billed telephone number)						
808-244-4626 16b Check this box if there are multiple Billing Account Number	m and attach a		\$0.00			
complete list of those numbers to this page.	s and allach a		Total funding year pre-discount amount (E + H)			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$510.48			
(based on Form 470 filing)		Total Charges	J. Discount from Block 4 Worksheet 90.00			
04/02/2013			K. Funding Commitment Request (I x J)			
18 Contract Award Date (mm/dd/yyyy)			\$459.43			
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billet Number, and note number in space provided.	of components, costs	s, manufacti	cturer name, make and model number. You			
22 Entity/Entities Receiving This Service:	a. If the service is sit and not shared by ot the entity from Block	thers), list th	the Entity Number of			
as Shuty-Endies Hovering Line Service,		ared by all	l entities on a Block 4			

Entity Number: 16043126			Applicant's Form identifier:			
\$45.00 m and \$45.0			Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request i discounts. Make as many copies of this page as needed, and number the are all processed correctly.	completed pages to	to assure that they FRN 2550827 (to be assigned by administrator)				
10 If this is a duplicate Funding Request (e.g., of an FRN that is netc.), check this box and enter the original FRN in the space pr		der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calcula			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Br				ihly charges (total amount per month for service)		
12 Form 470 Application Number	inccuoris		B. How	much of the amount in A is ineligible?		
149560001132743				50.00		
13 SPIN – Service Provider identification Number		Recurring Charges		ole monthly pre-discount amount (A minus B)		
143002709				642.54 ber of months service provided in funding year		
14 Service Provider Name				12		
			STOWN TO A	al pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.			\$	5510.48		
15a	tariffed or month-		F. Annu	al non-recurring charges		
15b Contract Number				50.00		
мтм			G. How	much of the amount in F is ineligible?		
15c	e then made vider).	Non- Recurring Charges	\$	50.00		
15d Check this box if this Funding Request is a continuation of all previous funding year based on a multi-year contract. If so, provide that F	n FHN from a FRN here:			al eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)			
808-242-1057				50.00		
16b Check this box if there are multiple Billing Account Numbers a complete list of those numbers to this page.	and attach a		I. Total	funding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total		510.48		
04/02/2013		Charges		ount from Block 4 Worksheet 90.00		
18 Contract Award Date (mm/dd/yyyy)			K. Fund	ling Commitment Request (I x J) 459.43		
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments m You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed a Number, and note number in space provided.	f components, costs	, manufactu	irer name	, make and model number. You		
la la	a. If the service is site and not shared by oth he entity from Block	hers), list the	e Entity N	umber of		
b. If the service is s			shared by all entities on a Block 4 worksheet number (e.g., 1):			

Entity Number: 16043126	A	Applicant's Form identifier:			
Contact Person: Patrick O'Rourke]0	Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding discounts, Make as many copies of this page as needed, and nur are all processed correctly.	mber the completed pages	to assure the	o assure that they FRN 2550828 (to be assigned by administrator)		
10 If this is a duplicate Funding Request (e.g., of an FRN etc.), check this box and enter the original FRN in the	I that is not yet approved, u space provided:	nder appeal,			
11 Category of Service (only ONE category should be checken	d)	23	Calculation	ons	
PRIORITY 1 PRIORITY 2			A. Month	ly charges (total amount per month for service)	
▼ Telecommunications Service Internal Connections Other			\$4	4.54	
12 Form 470 Application Number	Internet Access Basic Maintenance of Internal Connections		B. How m	nuch of the amount in A is ineligible?	
at new application of a revenue toward			\$0.00		
149560001132743 13 SPIN – Service Provider identification Number	A 300-10 1-000 1 V	Recurring Charges	C. Eligible	e monthly pre-discount amount (A minus B)	
143002709				4.54	
14 Service Provider Name		1		er of months service provided in funding year	
			F. Annua	pre-discount amount for eligible recurring charges (C x D)	
Hawaiian Telcom, Inc.		1		34.48	
15a Check this box if this Funding Request is for non-co	ontracted tariffed or month-			non-recurring charges	
to-month services. 15b Contract Number	the second second	╢	\$0	.00	
мтм			G. How n	nuch of the amount in F is ineligible?	
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0	.00	
previous funding year based on a multi-year contract. If so, provide that FRN here:		4	H. Annua minus G)	l eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., billed telephone number)			minuc ci,		
808-572-1135 16b Check this box if there are multiple Billing Account N	lumbers and attach a			.00	
complete list of those numbers to this page.		4		nding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contract Date (mm/dd/y (based on Form 470 filing)	/yyy)	Total		34.48 nt from Block 4 Worksheet 90.00	
04/02/2013		Charges		a Commitment Request (I x J)	
18 Contract Award Date (mm/dd/yyyy)		1		81.03	
19 Service Start Date (mm/dd/yyyy) 07/01/2013		1			
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attach You MUST attach a description of the service, including a brea must include any additional account or telephone numbers if the Number, and note number in space provided.	kdown of components, cos	ts, manufact	urer name, i	make and model number. You	
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: Description			mber of		
			hared by all entities on a Block 4		



Entity Number: 16043126	Ap	plicant's F	orm ident	llfior:		
Contact Person: Patrick O'Rourke			ontact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly.						
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space		der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calculat			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than			A. Monthly charges (total amount per month for service) \$42.54			
Internet Access Basic Maintenance of Internal Co	nnections		B. How	much of the amount in A is ineligible?		
12 Form 470 Application Number		l	l s	60.00		
149560001132743		Recurring		ole monthly pre-discount amount (A minus B)		
13 SPIN – Service Provider Identification Number		Charges	s	42.54		
143002709			D. Numl	ber of months service provided in funding year		
14 Service Provider Name			1	2		
i			-	al pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.	4		,	5510.48		
15a Check this box if this Funding Request is for non-contracte	d tariffed or month-	 		al non-recurring charges		
to-month services. 15b Contract Number			s	60.00		
State and State				much of the amount in F is ineligible?		
MTM						
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a		Non- Recurring Charges	s			
previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annu minus G)	al eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)						
808-572-1639			s	0.00		
16b Check this box if there are multiple Billing Account Numbers complete list of those numbers to this page.	s and attach a		I. Total f	unding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			s	510.48		
(based on Form 470 filing)		Total Charges	J. Disco	unt from Block 4 Worksheet 90.00		
04/02/2013		1	K. Fund	ing Commitment Request (I x J)		
18 Contract Award Date (mm/dd/yyyy)			\$	459.43		
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014		ļ				
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	, manufacti	urer name.	, make and model number. You		
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			umber of		



Entity Number: 16043126	Ар	Applicant's Form Identifier:				
Contact Person: Patrick O'Rourke	Co	contact Phone Number: (808) 249-2988				
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request I discounts. Make as many copies of this page as needed, and number the are all processed correctly.						
10 If this is a duplicate Funding Request (e.g., of an FRN that is noted.), check this box and enter the original FRN in the space pr		der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calculations A. Monthly charges (total amount per month for service)			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Ba			A. Monthly charges (total amount per month for service) \$44.54			
☐ Internet Access ☐ Basic Maintenance of Internal Cont	nections	A /	B. How much of the amount in A is ineligible?			
12 Form 470 Application Number			\$0.00			
149560001132743 13 SPIN – Service Provider Identification Number		Recurring	C. Eligible monthly pre-discount amount (A minus B)			
	Į/	Charges	\$44.54			
143002709	/	A 1	D. Number of months service provided in funding year			
14 Service Provider Name		A 1				
2	Į,	A !	12 E. Annual pre-discount amount for eligible recurring charges (C x D)			
Hawaiian Telcom, Inc.	Į,	A /	200000000000000000000000000000000000000			
15a Check this box if this Funding Request is for non-contracted	I tariffed or month-	\parallel	\$534.48 F. Annual non-recurring charges			
to-month services.		4 /				
15b Contract Number	Į,	A /	\$0.00 G. How much of the amount in F is ineligible?			
МТМ		A /	G. How much of the annount in F is mengione:			
15c Check this box if this Funding Request is covered under a m contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service prov	re then made vider).	Non- Recurring Charges	\$0.00			
previous funding year based on a multi-year contract. If so, provide that F	FRN here:	A 1	H. Annual eligible pre-discount amount for non-recurring charges (F			
16a Biiling Account Number (e.g., billed telephone number)		4 /	minus G)			
808-872-9511	ľ	A 1	\$0.00			
16b ☐ Check this box if there are multiple Billing Account Numbers a	and attach a	\blacksquare	I. Total funding year pre-discount amount (E + H)			
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		A 1				
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	<i>I</i> /	Total	\$534.48			
	V	Charges	J. Discount from Block 4 Worksheet 90.00			
04/02/2013		A 1	K. Funding Commitment Request (I x J) \$481.03			
18 Contract Award Date (mm/dd/yyyy)	V	لـــــا	9401.03			
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments m You MUST attach a description of the service, including a breakdown of must include any additional account or telephone numbers if the billed a Number, and note number in space provided.	of components, costs,	s, manufactu	urer name, make and model number. You			
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of			ne Entity Number of			
b. If the service is sha			4 receiving this service: 16043262 ared by all entities on a Block 4			



Entity Number: 16043126	Ар	plicant's Fo	orm identifier:			
			e Number: (808) 249-2988			
Block 5: Discount Funding Request(s) instructions: Use one Block 5 page for EACH service (Funding Reques discounts. Make as many copies of this page as needed, and number th are all processed correctly.						
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	not yet approved, un provided:	der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calculations			
PRIORITY 1 PRIORITY 2 For Telecommunications Service Internal Connections Other than	Basic Maintenance		A. Monthly charges (total amount per month for service)			
☐ Internet Access ☐ Basic Maintenance of Internal Co	onnections		\$42.54 B. How much of the amount in A is ineligible?			
12 Form 470 Application Number			\$0.00			
149560001132743 13 SPIN – Service Provider identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)			
		Charges	\$42.54			
143002709 14 Service Provider Name		ŀ	D. Number of months service provided in funding year			
14 Service Provider Name			12			
			E. Annual pre-discount amount for eligible recurring charges (C x D)			
Hawaiian Telcom, Inc.			\$510.48			
15a ✓ Check this box if this Funding Request is for non-contracte to-month services.	ed tariffed or month-		F. Annual non-recurring charges			
15b Contract Number			\$0.00			
мтм			G. How much of the amount in F is ineligible?			
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0.00			
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annual eligible pre-discount amount for non-recurring charges (F			
16a Billing Account Number (e.g., billed telephone number)			minus G)			
808-667-2808			fo co			
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	s and attach a		\$0.00 I. Total funding year pre-discount amount (E + H)			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$510.48			
(based on Form 470 filing)		Total Charges	J. Discount from Block 4 Worksheet 90.00			
04/02/2013		Onargos	K. Funding Commitment Request (I x J)			
18 Contract Award Date (mm/dd/yyyy)		Ш	\$459.43			
19 Service Start Date (mm/dd/yyyy) 07/30/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	s, manufactu	rer name, make and model number. You			
and not shared by o			site-specific (provided to one site others), list the Entity Number of tk 4 receiving this service: 16043279			
b. If the service is si		nared by all entities on a Block 4 vorksheet number (e.g., 1):				

Entity Number: 16043126	Ар	pilcant's F	Form Identifier:		
Contact Person: Patrick O'Rourke	Co	Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request discounts. Make as many copies of this page as needed, and number that are all processed correctly.	ne completed pages to	assure tha	at they FRN 2550832 (to be assigned by administrator)		
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	not yet approved, und provided:	der appeal,			
11 Category of Service (only ONE category should be checked)		23	Calculations		
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Internal Access Basic Maintenance of Internal Co			A. Monthly charges (total amount per month for service) \$44.54		
12 Form 470 Application Number	onnections		B. How much of the amount in A is ineligible?		
1900-19 sayyotabaan 2000/19 sii saa oo o]]	\$0.00		
149560001132743		Recurring			
13 SPiN – Service Provider identification Number		Charges	\$44.54		
143002709			D. Number of months service provided in funding year		
14 Service Provider Name	1		12		
			E. Annual pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.			\$534.48		
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		F. Annual non-recurring charges		
to-month services.					
15b Contract Number			\$0.00 G. How much of the amount in F is ineligible?		
MTM			G. Flow much of the amount in Floringine :		
15c		Non- Recurring Charges			
previous funding year based on a multi-year contract. If so, provide that	t FRN here:		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)		
16a Biiling Account Number (e.g., billed telephone number)					
808-874-1958			\$0.00		
16b Check this box if there are multiple Billing Account Numbers complete list of those numbers to this page.	s and attach a		Total funding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$534.48		
(based on Form 470 filing)	l l	Total Charges	J. Discount from Block 4 Worksheet 90.00		
04/02/2013		Charges	K. Funding Commitment Request (I x J)		
18 Contract Award Date (mm/dd/yyyy)			\$481.03		
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	, manufactu	turer name, make and model number. You		
CO. Falls Falls - Paralylar This Committee	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043274 b. If the service is shared by all entities on a Block 4				
22 Entity/Entities Receiving This Service:					



Entity Number: 16043126	Ap	pilcant's F	orm Iden	itifier:	
Contact Person: Patrick O'Rourke	Co	Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requ discounts. Make as many copies of this page as needed, and number are all processed correctly.	est Number) for which y the completed pages to	you are requesting a assure that they Block 5, page 14 of 22 FRN 2550833 (to be assigned by administrator)		Block 5, page 14 of 22 FRN 2550833	
10 If this is a duplicate Funding Request (e.g., of an FRN that etc.), check this box and enter the original FRN in the space		nder appeal,			
11 Category of Service (only ONE category should be checked)		23	23 Caiculations		
PRIORITY 1 PRIORITY 2			A. Mon	thly charges (total amount per month for service)	
▼ Telecommunications Service Internal Connections Other tha	n Basic Maintenance			040.54	
Internet Access Basic Maintenance of Internal C	Connections		_	\$42.54 much of the amount in A is ineligible?	
12 Form 470 Application Number				\$0.00	
149560001132743		Recurring		ble monthly pre-discount amount (A minus B)	
13 SPIN – Service Provider Identification Number		Charges		\$42.54	
143002709				ber of months service provided in funding year	
14 Service Provider Name				12	
5			E. Annı	al pre-discount amount for eligible recurring charges (C x D)	
Hawaiian Telcom, Inc.				\$510.48	
15a	ted tariffed or month-		F. Annı	ual non-recurring charges	
15b Contract Number			,	\$0.00	
мтм			G. How	much of the amount in F is ineligible?	
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the lerms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges		50.00	
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:				ual eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., billed telephone number)			minus G	_	
808-891-8245			,	\$0.00	
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	ers and attach a		i. Total	funding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			,	\$510.48	
(based on Form 470 filing)		Total Charges	J. Disco	ount from Block 4 Worksheet 90.00	
04/02/2013				ding Commitment Request (I x J) 8459.43	
18 Contract Award Date (mm/dd/yyyy)		igsquare		27-25-4-3	
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)				-	
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multiple Number, and note number in space provided.			irer name	, make and model number. You	
and not shared by o		ite-specific (provided to one site others), list the Entity Number of k 4 receiving this service: 16043273			
b. If the service is si worksheet, list the w		hared by all entities on a Block 4 worksheet number (e.g., 1):			

Entity Number: 16043126	Ар	plicant's F	orm Iden	tifler:	
Contact Person: Patrick O'Rourke		Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reques discounts. Make as many copies of this page as needed, and number the are all processed correctly.	e completed pages to	assure tha	Block 5, page 15 of 22 FRN 2550834 (to be assigned by administrator)		
10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, u etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked)		23	Caicula	100 A CO.	
PRIORITY 1 PRIORITY 2			A. Mon	thly charges (total amount per month for service)	
▼ Telecommunications Service Internal Connections Other than		0		\$44.54	
Internet Access	onnections		B. How	much of the amount in A is ineligible?	
149560001132743				\$0.00	
13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligi	ble monthly pre-discount amount (A minus B)	
143002709				\$44.54	
14 Service Provider Name				ber of months service provided in funding year	
				12 ual pre-discount amount for eligible recurring charges (C x D)	
Hawaiian Telcom, Inc.				\$534.48	
15a √ Check this box if this Funding Request is for non-contracte to-month services.	ed tariffed or month-			ual non-recurring charges	
15b Contract Number	-	***	,	\$0.00	
мтм			G. How	much of the amount in F is ineligible?	
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$	50.00	
15d ☐ Check this box if this Funding Request is a continuation of previous funding year based on a multi-year contract. If so, provide that	FRN here:	•	H. Annu minus G	ual eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., billed telephone number)			illillus (d		
808-893-2595 16b Check this box if there are multiple Billing Account Number	s and attach a			50.00	
complete list of those numbers to this page.	s and allacir a		I. Total	funding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total		5534.48 ount from Block 4 Worksheet 90.00	
04/02/2013		Charges		ling Commitment Request (I x J)	
18 Contract Award Date (mm/dd/yyyy)				6481.03	
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before You MUST attach a description of the service, including a breakdown of components, cost must include any additional account or telephone numbers if the billed account has multiple Number, and note number in space provided.			ırer name	, make and model number. You	
a. If the service is si and not shared by o		site-specific (provided to one site others), list the Entity Number of ck 4 receiving this service: 16043260			
b. If the service is si		shared by all entities on a Block 4 worksheet number (e.g., 1):			

Entity Number: 16043126	Ар	plicant's F	orm iden	lfior:		
Contact Person: Patrick O'Rourke	Contact Person: Patrick O'Rourke Contact Phone No			r: (808) 249-2988		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, ur			to assure that they FRN 2550839 (to be assigned by administrator)			
etc.), check this box and enter the original FRN in the space		ao. appoan				
11 Category of Service (only ONE category should be checked)		23	Calculat			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Internal Access Basic Maintenance of Internal C				hly charges (total amount per month for service) 44.54		
12 Form 470 Application Number			B. How	much of the amount in A is ineligible?		
149560001132743				0.00		
13 SPIN – Service Provider Identification Number	in in	Recurring Charges		ele monthly pre-discount amount (A minus B)		
143002709			\$44.54 D. Number of months service provided in funding year			
14 Service Provider Name				0		
			E. Annu	z al pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.						
15a Check this box if this Funding Request is for non-contract	ed tariffed or month-		\$534.48 F. Annual non-recurring charges			
to-month services. 15b Contract Number				0.00		
National Sports and Sports Assume Ass				much of the amount in F is ineligible?		
MTM			1969 (0000000)	months with the contraction of the second various various of vario		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$	0.00		
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annu	al eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)	at i i i i i i i i i i i i i i i i i i i		minus G)			
808-242-9743	i					
16b Check this box if there are multiple Billing Account Number	rs and attach a			0.00		
complete list of those numbers to this page.				unding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Total		534.48 unt from Block 4 Worksheet 90.00		
04/02/2013		Charges	-			
18 Contract Award Date (mm/dd/yyyy)				ing Commitment Request (I x J) 481.03		
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before You MUST attach a description of the service, including a breakdown of components, costs, must include any additional account or telephone numbers if the billed account has multiple Telephon Number, and note number in space provided.			urer name	make and model number. You		
and not shared by o			site-specific (provided to one site others), list the Entity Number of ck 4 receiving this service: 16043287			
b. If the service is si		hared by all entities on a Block 4 worksheet number (e.g., 1):				

Entity Number: 16043126	Anni	licent's E	arm identifier				
			pplicant's Form identifier: contact Phone Number: (808) 249-2988				
Block 5: Discount Funding Request(s)		Block 5, page 17 of 22					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly.		you are requesting					
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space	s not yet approved, unde provided:	er appeal,					
11 Category of Service (only ONE category should be checked)		23	Calculations				
PRIORITY 1 PRIORITY 2 F Telecommunications Service Internal Connections Other than	Basic Maintenance		A. Monthly charges (total amount per month for service)				
☐ Internet Access ☐ Basic Maintenance of Internal Co			\$44.54				
12 Form 470 Application Number			B. How much of the amount in A is ineligible?				
149560001132743	il.		\$0.00				
13 SPiN – Service Provider identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)				
SEALEST STORY (MARK) STORY STO		Jillingoo	\$44.54				
143002709 14 Service Provider Name			D. Number of months service provided in funding year				
74 Survice House Hame	- 1		12				
	#	i	E. Annual pre-discount amount for eligible recurring charges (C x D)				
Hawaiian Telcom, Inc.			\$534.48				
15a	ed tariffed or month-		F. Annual non-recurring charges				
15b Contract Number			\$0.00				
			G. How much of the amount in F is ineligible?				
MTM 15c Check this box it this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a		Non- Recurring Charges	\$0.00 H. Annual eligible pre-discount amount for non-recurring charges (F				
previous funding year based on a multi-year contract. If so, provide tha 16a Billing Account Number (e.g., billed telephone number)	at Frittiere.		minus G)				
808-575-2835		-	\$0.00				
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a		i. Total funding year pre-discount amount (E + H)				
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$534.48				
(based on Form 470 filing)		Total Charges	J. Discount from Block 4 Worksheet 90.00				
04/02/2013		Jnarges	K. Funding Commitment Request (I x J)				
18 Contract Award Date (mm/dd/yyyy)			\$481.03				
19 Service Start Date (mm/dd/yyyy) 07/01/2013							
20a Service End Date (mm/dd/yyyy) 06/30/2014							
Contract Expiration Date 20b (mm/dd/yyyy)							
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdowr must include any additional account or telephone numbers if the bille Number, and note number in space provided.	n of components, costs, i	manufactu	urer name, make and model number. You				
22 Entity/Entitles Receiving This Service:	a. If the service is site- and not shared by othe the entity from Block 4	ne Entity Number of					
b. If the service is st			hard by all entities on a Block 4 vorksheet number (e.g., 1):				

Entity Number: 16043126			Form Identifier:		
Contact Person: Patrick O'Rourke	Cor	Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Nu discounts. Make as many copies of this page as needed, and number the co are all processed correctly.	completed pages to	assure that	nat they FRN 2550844 (to be assigned by administrator)		
10 If this is a duplicate Funding Request (e.g., of an FRN that is not etc.), check this box and enter the original FRN in the space prov	yet approved, uno vided:	Jer appeal,	h		
11 Category of Service (only ONE category should be checked)		23			
PRIORITY 1 PRIORITY 2	7	1	A. Monthly charges (total amount per month for service)		
▼ Telecommunications Service Internal Connections Other than Basi	il	A 1	\$46.82		
Internet Access Basic Maintenance of Internal Conne	octions	A 1	B. How much of the amount in A is ineligible?		
12 Form 470 Application Number	ľ	A 1	\$0.00		
149560001132743		Recurring	g C. Eligible monthly pre-discount amount (A minus B)		
13 SPIN – Service Provider identification Number	J/	Charges	\$46.82		
143031364		A 1	D. Number of months service provided in funding year		
14 Service Provider Name	J/	A 1	12		
	ľ	A r	E. Annual pre-discount amount for eligible recurring charges (C x D)		
Time Warner Cable Information Services (Hawaii), LLC		A 1	\$561.84		
15a Check this box if this Funding Request is for non-contracted tar to-month services.	ariffed or month-		F. Annual non-recurring charges		
15b Contract Number		A 1	\$0.00		
мтм	J/	A F	G. How much of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a mas contract negotiated by a third party. The terms and conditions of which are the	then made	Non- Recurring			
available to an eligible entity that purchases directly from the service provide 15d Check this box if this Funding Request is a continuation of an F		Charges	<u> </u>		
previous funding year based on a multi-year contract. If so, provide that FRI		4 1	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)		
16a Billing Account Number (e.g., billed telephone number)		A 1	ininus a)		
4-140336-01-0		<u> </u>	\$0.00		
16b Check this box if there are multiple Billing Account Numbers and complete list of those numbers to this page.	d attach a		I. Total funding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		1	\$561.84		
(based on Form 470 filing)	<i> </i>	Total Charges	J. Discount from Block 4 Worksheet 90.00		
04/02/2013	<i> </i>	4 1	K. Funding Commitment Request (I x J) \$505.66		
18 Contract Award Date (mm/dd/yyyy)	Į.	لــــا،	\$505.66		
19 Service Start Date (mm/dd/yyyy) 07/01/2013		I			
20a Service End Date (mm/dd/yyyy) 06/30/2014		i			
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments mus You MUST attach a description of the service, including a breakdown of comust include any additional account or telephone numbers if the billed accounter, and note number in space provided.	components, costs,	s, manufactu	cturer name, make and model number. You		
and	d not shared by oth	site-specific (provided to one site others), list the Entity Number of ck 4 receiving this service: 16043288			
b. If the service is si		hared by all entities on a Block 4 vorksheet number (e.g., 1):			

Entity Number: 16043126	Ар	plicant's Fo	orm identi	fler:		
Contact Person: Patrick O'Rourke				(808) 249-2988		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, ur etc.), check this box and enter the original FRN in the space provided:			h you are requesting to assure that they FRN 2550845 (to be assigned by administrator)			
11 Category of Service (only ONE category should be checked)		23	Calculati	ons		
PRIORITY 1 PRIORITY 2 F Telecommunications Service Internal Connections Other than T Internet Access F Basic Maintenance of Internal C			A. Month	ly charges (total amount per month for service) 9.06		
12 Form 470 Application Number			B. How n	nuch of the amount in A is ineligible?		
149560001132743	14	O a a comina a		,00		
13 SPIN – Service Provider identification Number		Recurring Charges		e monthly pre-discount amount (A minus B)		
143002709				9.06		
14 Service Provider Name			D. Numb	er of months service provided in funding year		
			12			
Hawaiian Telcom, Inc.				I pre-discount amount for eligible recurring charges (C x D)		
15a Check this box if this Funding Request is for non-contract	ed tariffed or month-	-	\$468.72			
to-month services.				non-recurring charges		
15b Contract Number				.00		
MTM			G. HOW	nuch of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0	.00		
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:				l eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)			
808-244-4626			so	.00		
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a			nding year pre-discount amount (E + H)		
17 Allowabie Vendor Selection/Contract Date (mm/dd/yyyy)			\$4	68.72		
(based on Form 470 filing)	ı	Total Charges		nt from Block 4 Worksheet 90.00		
04/02/2013		Chargos	K. Fundir	g Commitment Request (I x J)		
18 Contract Award Date (mm/dd/yyyy)			\$4	21.85		
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014	*	ć				
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before You MUST attach a description of the service, including a breakdown of components, costs, must include any additional account or telephone numbers if the billed account has multiple Number, and note number in space provided.			ırer name,	make and model number. You		
22 Entity/Entities Receiving This Service:	and not shared by oth the entity from Block	site-specific (provided to one site others), list the Entity Number of k 4 receiving this service: 16043285				
		ared by all entities on a Block 4 orksheet number (e.g., 1):				

Entity Number: 16043126	Ар	plicant's F	orm identifi	or:		
Contact Person: Patrick O'Rourke			Contact Phone Number: (808) 249-2988			
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Reque discounts: Make as many copies of this page as needed, and number to are all processed correctly.	he completed pages to					
10 If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space		der appeal,				
11 Category of Service (only ONE category should be checked)		23	Calculatio			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than			A. Monthly charges (total amount per month for service) \$39.06			
Internet Access Basic Maintenance of Internal C	onnections		B. How me	uch of the amount in A is ineligible?		
12 Form 470 Application Number			50	20		
149560001132743		Recurring	C Eligible	monthly pre-discount amount (A minus B)		
13 SPiN – Service Provider Identification Number		Charges	\$39			
143002709			D. Numbe	r of months service provided in funding year		
14 Service Provider Name			40			
			E Appual	pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.			E. Alliuai	pre-discount amount for engine recurring charges (C x D)		
				8.72		
15a	ed lanned or month-		F. Annual	non-recurring charges		
15b Contract Number			\$0.0	00		
мтм			G. How m	uch of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	\$0.0	00		
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:				eligible pre-discount amount for non-recurring charges (F		
16a Billing Account Number (e.g., billed telephone number)			minus G)			
808-572-1135		8				
16b Check this box if there are multiple Billing Account Number	rs and attach a	<u> </u>	\$0.6			
complete list of those numbers to this page.		1	i. Total fun	ding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			\$46	8.72		
(based on Form 470 filing)		Total Charges	J. Discoun	t from Block 4 Worksheet 90.00		
04/02/2013			K. Funding	Commitment Request (I x J)		
18 Contract Award Date (mm/dd/yyyy)	,		\$42	1.85		
19 Service Start Date (mm/dd/yyyy) 07/01/2013						
20a Service End Date (mm/dd/yyyy) 06/30/2014						
Contract Expiration Date 20b (mm/dd/yyyy)						
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the bille Number, and note number in space provided.	of components, costs	, manufactu	urer name, m	ake and model number. You		
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number o			ber of			
b. If the service is s		k 4 receiving this service: 16043283 hared by all entities on a Block 4 worksheet number (e.g., 1):				

Entity Number: 16043126	Ap	Applicant's Form Identifier:			
Contact Person: Patrick O'Rourke Cor			ontact Phone Number: (808) 249-2988		
Biock 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which discounts. Make as many copies of this page as needed, and number the completed pages to are all processed correctly.				FRN 2550847	
10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, ur etc.), check this box and enter the original FRN in the space provided:					
11 Category of Service (only ONE category should be checked)		23	Calcula		
PRIORITY 1 PRIORITY 2 Total Telecommunications Service Internal Connections Other than Internal Access Basic Maintenance of Internal Co				nthly charges (total amount per month for service) \$39.06	
12 Form 470 Application Number	Diffections		B. How	w much of the amount in A is ineligible?	
149560001132743				\$0.00	
13 SPIN – Service Provider identification Number		Recurring Charges	C. Eligi	ible monthly pre-discount amount (A minus B)	
143002709				\$39.06	
14 Service Provider Name				nber of months service provided in funding year	
				12 ual pre-discount amount for eligible recurring charges (C x D)	
Hawaiian Telcom, Inc.					
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-		-	\$468.72 ual non-recurring charges	
to-month services. 15b Contract Number				\$0.00	
				v much of the amount in F is ineligible?	
MTM 15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non- Recurring Charges	8	\$0.00	
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Ann minus G	ual eligible pre-discount amount for non-recurring charges (F	
16a Billing Account Number (e.g., billed telephone number)			minus G	9	
808-667-2808				\$0.00	
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	s and attach a		I. Total	funding year pre-discount amount (E + H)	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		Tatal		\$468.72	
(based on Form 470 filing)		Total Charges	J. Disc	ount from Block 4 Worksheet 90.00	
04/02/2013				ding Commitment Request (I x J) \$421.85	
18 Contract Award Date (mm/dd/yyyy)		<u> </u>		9721.00	
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the billed Number, and note number in space provided.	of components, costs	s, manufacti	urer name	e, make and model number. You	
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity/Entities Receiving This Service: 16043279			Number of		
b. If the service is sha			ared by all entities on a Block 4		



Entity Number: 16043126 Applicant's Form Identifier:			orm identifier:		
			ne Number: (808) 249-2988		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which yo discounts. Make as many copies of this page as needed, and number the completed pages to a are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under etc.), check this box and enter the original FRN in the space provided:			ó assure that they FRN 2550849 (to be assigned by administrator)		
11 Category of Service (only ONE category should be checked)		23 Calculations			
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Basic Maintenance of Internal Co			Monthly charges (total amount per month for service) \$39.06		
12 Form 470 Application Number	Siliedions		B. How much of the amount in A is Ineligible?		
2000 Principalities for Smillion P. P. Monterpolinovania appropriate and	ii ii		\$0.00		
149560001132743 13 SPIN – Service Provider Identification Number		Recurring Charges	C. Eligible monthly pre-discount amount (A minus B)		
	- 1	Ontargos	\$39.06		
143002709 14 Service Provider Name			D. Number of months service provided in funding year		
			12		
	1		E. Annual pre-discount amount for eligible recurring charges (C x D)		
Hawaiian Telcom, Inc.			\$468.72		
15a	ed tariffed or month-		F. Annual non-recurring charges		
15b Contract Number			\$0.00		
мтм			G. How much of the amount in F is ineligible?		
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a		Non- Recurring Charges	\$ 0.00		
previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annual eligible pre-discount amount for non-recurring charges (F minus G)		
16a Bliffing Account Number (e.g., billed telephone number)		-	, and the second		
808-891-8245 16b Check this box if there are multiple Billing Account Number	a and attach a		\$0.00		
complete list of those numbers to this page.	s and allach a		t. Total funding year pre-discount amount (E + H)		
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)		Total Charges	\$468.72		
(based on Form 470 filing)			J. Discount from Block 4 Worksheet 90.00		
04/02/2013		-	K. Funding Commitment Request (I x J) \$421.85		
18 Contract Award Date (mm/dd/yyyy)	[L		94∠1.00		
19 Service Start Date (mm/dd/yyyy) 07/01/2013					
20a Service End Date (mm/dd/yyyy) 06/30/2014					
Contract Expiration Date 20b (mm/dd/yyyy)					
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Kihel A Internet Number, and note number in space provided.					
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16043273			ne Entity Number of		
b. If the service is sh		nared by all entities on a Block 4 orksheet number (e.g., 1):			

Entity Number: 16043126	Applicant's Form identifier:
Contact Person: Patrick O'Rourke	Contact Phone Number: (808) 249-2988

Block 6: Certifications and Signature

- 24 🔽 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
 - schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b T libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- 1 certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	11071.44
b Total lunding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	9964.3
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	1107.14
d Total budgeted amount allocated to resources not eligible for E-rate support	20000
Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	21107.14

- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- 26 I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
 - Or I certify that no technology plan is required by Commission rules.
- 27 V I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 V I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 1 certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 30 F I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity r	ntity Number: 16043126 Applicant's Form Identifier:					
Contac	Contact Person: Patrick O'Rourke Contact Phone Number: (808) 249-2988					
Block	Błock 6: Certification and Signature (Continued)					
31 F	l acknowledge that the discount level used for shared services is conditional, for tuture years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.					
32 ₹	I certify that I will retain required documents for a period of at least tive years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt ol, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator, I acknowledge that I may be audited pursuant to participation in the schools and libraries program.					
33 17	I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.					
34 ₹	I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.					
35 F	I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).					
36 F	I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).					
37 ₹	37 V I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.					
38	Signature of authorized	39 Date				
	person F					
40	Printed name of authorized person Patrick O'Rourke					
41	Title or position of authorized person Facilities Manager					
1	Check here if the consultant in Item 6g is the Authorized Person.					
42a	Street Address, P.O. Box, or Route Number 99 Mahalani Street					
	City Wailuku State HI Zip Code 96793-					

Entity	Number: 16043126			Applicant's Form Identifier:	
Contac	t Person: Patrick O'Rourk	0		Contact Phone Number: (808) 249-2988	
42b	Telephone Number of authorized		Ext.		
	Person (808) 24	9-2988	381		
42c	Fax Number of Authorized	l Person			
	(808) 2	98-2989			
42d	E-mail Address of authorized Person	patrick.o'rou	rke@meoinc.org		
	Re-enter E-mail Address	patrick.o'rourk	e@meolnc.org		
42e	Name of Authorized Person's Employer	Maui Economi	c Opportunity		

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C.§ 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R.§ 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federat, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

FCC Form 471 - October 2010

Close Print Preview

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Block 6 Print Mode Page 1 of 4

FCC Form 471 Services Ordered and Certification Form



Applicant's Form Identifier: Entity Number: 16043126 Phone Number: (808) 249-2988 Ext. 381 Contact Person: Patrick O'Rourke

Block 6: Certifications and Signature

Do not write in this area	

471 Application Number: 909763

24. I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a. Schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. \square libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to, elementary, secondary schools, colleges, or universities.

25. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

	Total funding year pre-discount amount on this Form 471 (Add the entries from Item 23i on all Block 5 Discount Funding Requests.)	\$11,071.44	
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$9,964.28	
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$1,107.16	
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$20,000.00	
	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$21,107.16	
f.	Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of		

the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26. \(\subseteq\) I certify that, if required by Commission rules, all of the individual schools and libraries receiving
services under this form are covered by technology plans that do or will cover all 12 months of the funding
year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology
plan approver prior to the commencement of service.

Or I certify that no technology plan is required by Commission rules.

- 27. 1 certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28. I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC. state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 30. I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- 31. I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32. | I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33. I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 34. I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35. I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).
- 36. I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for

Page 3 of 4 Block 6 Print Mode

such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37. I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Cert ID = 1170691	39. Date
40. Printed name of authorized person Patrick O'Rourke	
41. Title or position of authorized person Facilities Manager Check here if the consultant in Item 6g is the Authorized Person.	-
42a. Street Address, P.O Box or Route Number 99 Mahalani Street Wailuku, HI 96793	7
42b. Telephone number of authorized person: (808) 249-2988, ext. 381	
42c. Fax number of authorized person: (808) 298-2989	
42d. E-mail of authorized person: patrick.o'rourke@meoinc.org	
42e. Name of authorized person's employer Maui Economic Opportunity	
ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLE using the PIN is equivalent to your handwritten signature on the form. Your use of certifications means that should they prove untrue, you will be held to the same end those who affirm the certifications on paper. Also, by using the PIN, you are affirm authority to make these certifications and represent the entity featured in Block Corresponds to affirm your compliance .	of the PIN to affirm these of the PIN to affirm these of the PIN to affirm these of the PIN to affirm the PIN to affirm these of the PIN to affirm

471 Application Number: **MEO HEAD START** 99 MAHALANI STREET WAILUKU, HI 96793

NOTICE: Section 54,504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

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regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington DC 20554.

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frmFRNNarrative

Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550840

Hawaiian Telcom, Inc.

Haiku Telephone

Telephone service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 6:59:12 PM

frmFRNNarrative

Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550813

Hawaiian Telcom, Inc.

Kahalui A Internet

Telephone Service at Head Start Center

INTERMEN

Service Type

Service Description

Eligible Pre-Discount

Cost

1 DTS - DSL

Total:

\$468.72

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 7:08:02 PM

Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

MEO HEAD START

Billed Entity Number

16043126

Form 471 Application Number

909763

Funding Request Number

2550811

Service Provider

Hawaiian Telcom, Inc.

Attachment Number Narrative description of this Kahalui A Telephone

Funding Request

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 DIS-DSL LOCAL PHONE SORVICE

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 7:13:49 PM

frmFRNNarrative Page I of I



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider **Attachment Number**

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550834

Hawaiian Telcom, Inc.

Kahalui B Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 7:21:16 PM

frmFRNNarrative Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name Billed Entity Number Form 471 Application Number **Funding Request Number Service Provider Attachment Number** Narrative description of this **Funding Request**

MEO HEAD START 16043126 909763 2550830 Hawaiian Telcom, Inc. Lihikai/PrePlus Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount Cost

\$534.48

1 Local Phone Service

Total: \$534.48

Funding Requested on 471: \$534.48

Date Submitted

4/2/2013 7:23:28 PM

Page 1 of 1 **frmFRNNarrative**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550833

Hawaiian Telcom, Inc.

Kihei A Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 7:25:58 PM

Page 1 of 1 **frmFRNNarrative**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550849

Hawaiian Telcom, Inc.

Kihei A Internet

Internet Connection for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 DTS - DSL

Total:

\$468.72

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 7:28:50 PM



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider
Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550832

Hawaiian Telcom, Inc.

Kihei B Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Page 1 of 1

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 7:49:35 PM

frmFRNNarrative Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550827

Hawaiian Telcom, Inc.

MCC Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 7:56:59 PM

Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number
Narrative description of this

Funding Request

Hawaiian Telcom, Inc. MCC Internet

2550812

16043126

909763

LINS

Internet Connection for Head Start Center

Service Type

Service Description

MEO HEAD START

Eligible Pre-Discount

Cost

1 DTS - DSL

Total:

\$468.72

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 8:01:04 PM

Page I of I frmFRNNarrative



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name Billed Entity Number Form 471 Application Number **Funding Request Number Service Provider Attachment Number** Narrative description of this **Funding Request**

MEO HEAD START 16043126 909763 2550831 Hawaiian Telcom, Inc. Lahaina Telephone

Telephone Service at Head Start Center

Service Type

Service Description

Eligible Pre-Discount Cost

1 Local Phone Service

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 8:08:12 PM

Page I of I



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550847

Hawaiian Telcom, Inc.

Lahaina Internet

Internet Connection for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 DTS - DSL

Total:

\$468.72

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 8:10:49 PM

Page 1 of 1 **IrmFRNN**arrative



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550829

Hawaiian Telcom, Inc. Makawao A Telephone

Telephone Service for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 8:15:56 PM

Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider

Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550846

Hawaiian Telcom, Inc.

Makawao A Internet

Internet Connection for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 DTS - DSL

\$468.72

Total:

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 8:19:40 PM

trmFRNNarrative Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider
Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550828

Hawaiian Telcom, Inc.

Makawao B Telephone

Telephone Service for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 8:23:03 PM

Page I of I **IrmFRNNarrative**



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number Service Provider

Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763 2550826

Hawaiian Telcom, Inc.

Wailuku A Telephone

Telephone Service for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$510.48

Total:

\$510.48

Funding Requested on 471:

\$510.48

Date Submitted

4/2/2013 8:37:39 PM

frmFRNNarrative Page I of I



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name Billed Entity Number Form 471 Application Number **Funding Request Number Service Provider Attachment Number** Narrative description of this **Funding Request**

MEO HEAD START 16043126 909763 2550845

Hawaiian Telcom, Inc. Wailuku A Internet

Internet Connection for Head Start Center

Service Type

Service Description

Eligible Pre-Discount Cost

1 DTS - DSL

Total:

\$468.72

\$468.72

Funding Requested on 471:

\$468.72

Date Submitted

4/2/2013 8:39:47 PM

trmFRNNarrative Page I of I



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number **Funding Request Number**

Service Provider Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763 2550839

Hawaiian Telcom, Inc. Kaheliki Terrace Telephon

Telephone Service for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 8:43:21 PM

frmFRNNarrative Page I of I



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name Billed Entity Number Form 471 Application Number

Funding Request Number Service Provider Attachment Number Narrative description of this

Funding Request

MEO HEAD START

16043126 909763 2550814

Clearwire Communications, LLC Kahekili Terrace Internet

Internet Connection for Head Start Center

Service Type Service Description **Eligible Pre-Discount**

Cost

1 DTS - DSL

\$358.56

Total:

\$358.56

Funding Requested on 471:

\$358.56

Date Submitted

4/2/2013 8:45:42 PM



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number

Form 471 Application Number

Funding Request Number

Service Provider Attachment Number

Narrative description of this

Funding Request

MEO HEAD START

16043126

909763

2550844

Time Warner Cable Information Services (Hawaii), LLC

Kaunakakai A Internet

Internet Connection for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Cable Modem

Broadband Cable

\$561.84

Total:

\$561.84

Funding Requested on 471:

\$561.84

Date Submitted

4/2/2013 9:02:00 PM

frmFRNNarrative Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name Billed Entity Number Form 471 Application Number **Funding Request Number** Service Provider

Attachment Number Narrative description of this **Funding Request**

MEO HEAD START

16043126 909763 2550807

Hawaiian Telcom, Inc. Kaunakakai A Telephone

Telephone Service for Head Start Center

Service Description

Eligible Pre-Discount Cost

1 Local Phone Service

Service Type

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 9:04:12 PM

IrmFKNNarrative Page 1 of 1



Item 21 Attachment

Telecommunications - Funding Year 2013

Applicant Name

Billed Entity Number Form 471 Application Number

Funding Request Number

Service Provider **Attachment Number** Narrative description of this

Funding Request

MEO HEAD START

16043126 909763

2550806

Hawaiian Telcom, Inc. Kaunakakai B Telephone

Telephone Service for Head Start Center

Service Type

Service Description

Eligible Pre-Discount

Cost

1 Local Phone Service

\$534.48

Total:

\$534.48

Funding Requested on 471:

\$534.48

Date Submitted

4/2/2013 9:06:02 PM